



## Chili Soccer Tournament Team Medical Verification Release

I \_\_\_\_\_, coach of the \_\_\_\_\_  
acknowledge that I will have on my possession during all games at the  
Chili Soccer Tournament May 29, 30 and 31, 2009, medical release forms  
for each player registered on my team.

I acknowledge that the form is signed by that player's parent or legal  
guardian and includes waiver of liability clause and Consent for Medical  
Treatment similar to below:

### **Release of Liability**

Recognizing the possibility of injury associated with soccer and in consideration for the  
USSF/USYSA and its affiliates accepting the above-named player for its soccer program and  
activities, I hereby release, discharge and/or otherwise indemnify the USSF/USYSA, its affiliated  
organizations and sponsors, their employees and personnel, including the owners of the fields and  
facilities utilized for the League/Tournament contents against any claim by or on behalf of the player  
as a result of the player's participation.

### **Consent For Medical Treatment**

As the parent or legal guardian of the above-named player, I request that in my absence my child be  
admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize  
physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other  
licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative  
procedures and X-ray treatment of the above minor. I have not been given a guarantee as to the  
results of examination or treatment.

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

